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## **Missouri State Health Improvement Plan (2013 – 2018)**

### **Year Three (3) Evaluation Summary**

#### **October 2016**

In 2013, Missouri conducted a State Health Assessment (SHA) and subsequently developed a State Health Improvement Plan (SHIP) using the Mobilizing for Action through Planning and Partnership (MAPP) process. The efforts were headed by the Department of Health and Senior Services (DHSS) through collaboration with the Missouri Public Health System Partners Group (Partners Group) identified to support the health assessment and improvement plan processes. This is a diverse group (sector and geography) of approximately 30 external public health system partners and stakeholders from across the state, in addition to internal partners. Membership has been altered over the course of plan implementation as strategies evolved (see page 33 for a current list).

The results of the MAPP assessments offered important contextual information, identified strategic health issues and formed the foundation for creation of the state health improvement plan. The three top strategic issues were identified as follows:

1. Access to health care
  - Health care access, high cost of health care and high rate of uninsured
  - Economy – access to resources necessary to be healthy including affordable options for good nutrition, physical activity and preventive health care services
2. Modifiable risk factors
  - Obesity
  - Smoking
  - Mental health/substance abuse
3. Infrastructure issues
  - Mobilizing partnerships
  - Performance Management/Quality Improvement
  - Workforce development

According to the America's Health Rankings-2012 report, Missouri ranked 42<sup>nd</sup> in the nation; the lowest ranking for the state since 1990 when the reports were initiated. The Partners Group created a shared vision, "Missouri is a state of health: Top 10 in 10" which demonstrated their desire and commitment to the state being rated in the top 10 for health outcomes within 10 years.






When developing the SHIP, the Department and the Partners Group were realistic in setting goals and objectives and in proposing strategies while including many ongoing related activities from other State and local plans. Negligible changes have been made to the goals and objectives over the plan's history, however, additional strategies have been added each year.

Significant progress has been and continues to be documented during the first three years of



this five year plan. Trend data is provided where available. The ongoing health improvement plan processes reflect the efforts of many of the key partners in the public health system to promote collaboration, coordination and efficiency. Throughout the previous three years of SHIP implementation, these partners contributed information, knowledge and expertise to further these efforts.

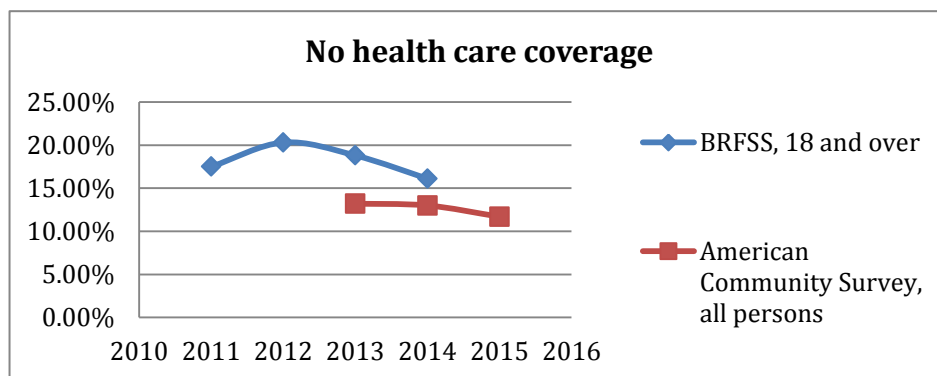
Upon review of available data and progress, changes to the SHIP and to the implementation plan are made annually based on achievements, lessons learned, emerging health issues and changes in resources. The Missouri State Health Improvement Plan 2013 – 2018 is located at: <http://health.mo.gov/data/mohealthimproveplan>. Following is a summary of progress made in the plan's third year and an analysis of the SHIP based on current issues and capacity. With input from the Partners Group, the SHIP will be adjusted for year four based on this evaluation.

Key to performance measure status in this report:				
				
Indicator is moving in a positive direction	Indicator remains the same	Indicator is moving in negative direction	Baseline not established or data not yet available	Target has been reached



## Priority Health Issue 1 – Access to Health Care

Issue 1, Goal 1: Missourians will have access to comprehensive, quality, affordable health care.				
<b>Objective 1.1: By 2018, decrease the percentage of Missourians who report having no health insurance coverage from 17.5% to 10%.</b>				Recommended for inclusion in SHIP Year 4:
1. Increase awareness of uninsured Missourians about health plan options available to them				Yes
2. Facilitate enrollment/re-enrollment of eligible Missourians into health plan options best suited to them				Yes
3. Facilitate outreach using health literacy communication strategies targeted to populations with lower enrollment				Yes
Performance Measure	Baseline and Year	Target and Year	Actual Measure 2016 plan year	Performance Measure Status
No health care coverage (BRFSS)	17.5% (2011)	10% (2018)	12.1% (2015)	
Census Bureau's American Community Survey, all persons	13.2% (2013)	5% (2018)	11.7% (2014)	



The Centers for Disease Control and Prevention (CDC) maintains the state-based Behavioral Risk Factor Surveillance System (BRFSS), a cross-sectional telephone survey, including both landline and cellular telephones to collect prevalence data among U.S. adult residents regarding their risk behaviors and preventive health practices. According to the 2015 BRFSS survey results, 12.1% of Missourians age 18 to 64 had no health care coverage, a significant decline from 16.1% in 2014. New Census Bureau's American Community Survey numbers released show that in 2015 - after the first two Marketplace open enrollment periods - the number of uninsured Missourians under the age of 65 was down to 578,000, or 11.4%, adding 214,000 more people to the rolls of those with health insurance coverage.



The Cover Missouri Coalition was created to maximize the potential benefits of the health insurance Marketplace in our state. Their work has contributed to vast numbers of Missourians gaining access to health care. This year, the Cover Missouri Coalition reached thousands of uninsured Missourians to increase their awareness about health plan options available to them by offering free education and enrollment events, distributing informational materials and financial options, extending office hours, providing in-person support, and responding to questions. Over 290,000 Missourians found quality, affordable coverage through the Health Insurance Marketplace during the 2015 – 2016 open enrollment period. This number represents approximately 37,000 more than the previous enrollment period, a 15% increase.<sup>1</sup>

During the second open enrollment period, Expanding Coverage Through Consumer Assistance (ECTCA) grantees conducted 9,180 counseling sessions, resulting in 5,191 people enrolling in a health care plan. Sixty-seven percent of these enrollments were new enrollees in a Marketplace plan. Grantees conducted 1,920 education, awareness and enrollment events. While the number of events conducted during the second open enrollment period was less than the first open enrollment period (3,055), almost twice as many people were reached at events (110,665 in year one compared to 206,147 in year two).

A strategy designed to facilitate outreach using health literacy communication strategies targeted to populations with lower enrollment is supported by Health Literacy Missouri (HLM) and Cover Missouri Coalition and included the review and revision of on-line resources, coordinating social media messages that support health information literacy topics and creating self-guided e-learning topics tailored to distinct groups of health professionals to support communications with consumers.

From January to August 2016, HLM developed and distributed 103 social media messages to promote and support health insurance literacy. The messages were included in Cover Missouri's social media calendar and posted to HLM's social media platforms. This year, the messages have centered around a #healthcarehacks campaign to share tips on how to get the most out of health care and health insurance from a general health and health literacy framework.

Ten new videos were added this year. The "Clayton and Candra Got You Covered!" series helped enrollment assisters answer questions and explain complicated topics to consumers to reduce the confusion surrounding the Marketplace. The videos offered a complete look at health insurance and the Marketplace, covering a variety of topics from "Myths and Misconceptions of the ACA" to "Understanding Healthcare Cost Coverage." Three of the videos will be shown nationwide in up to 30,000 outpatient waiting rooms as part of AccentHealth's patient education programming. The 2015 Health Insurance Video Series received 3,018 views online and the 2016 "Clayton and Candra" video series received over 3,842 views online.

<sup>1</sup>Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Health Insurance Marketplace: Summary Enrollment Report for the 2016 Open Enrollment Period. Accessed on December 9, 2016 at <https://aspe.hhs.gov/sites/default/files/pdf/187866/Finalenrollment2016.pdf>



HLM Plain Language staff reviewed 20 additional materials for Cover Missouri and developed 31 additional health insurance literacy print materials for enrollment assisters and consumers.

Materials have been shared online, and topics include:

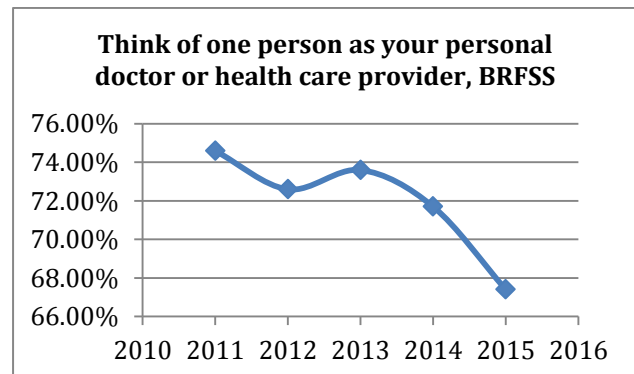
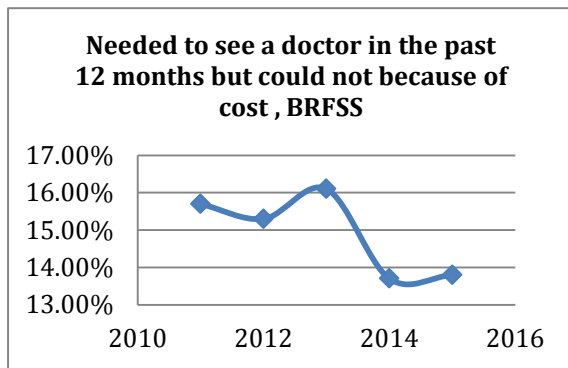
- Worksheet to calculate modified adjusted gross income
- Tips for contacting your insurance company
- Differences between preventive and diagnostic care
- List of preventive care services
- COBRA and Marketplace options after losing employer coverage

Revisions:

No revisions were identified. The strategies will remain.



Issue 1, Goal 1: Missourians will have access to comprehensive, quality, affordable health care.				
<b>Objective 1.2: By 2018, decrease the number of Missourians who had to delay necessary medical care due to lack of access to affordable, quality, comprehensive health care.</b>				Recommended for inclusion in SHIP Year 4:
1. Promote medical transportation services available within the state				Yes
2. Increase the number of health care extenders in Missouri				Yes
3. Increase Patient Centered Medical Homes (PCMHs)				Yes
4. Increase Telehealth opportunities				Yes
5. Increase the number of providers who used Electronic Medical Records				Yes
Performance Measure	Baseline and Year	Target and Year	Actual Measure 2016 plan year	Performance Measure Status
Needed to see a doctor in the past 12 months but could not because of cost (BRFSS)	15.7% (2011)	12.7% (2018)	13.8% (2015)	
Think of one person as your personal doctor or health care provider (BRFSS)	74.6% (2011)	80% (2018)	67.4% (2015)	



The target for the performance measure, “needed to see a doctor in the past 12 months but could not because of cost,” was achieved last year; the measure reached 13.7% according to the 2014 BRFSS survey, surpassing the 2018 target of 14.6%. A new target of 12.7% was set. The 2015 BRFSS rate is 13.8%.

The second performance measure, “think of one person as your personal doctor or health care provider,” is at 67.4% according to the 2015 BRFSS survey. This measure has continued to regress away from the 2018 goal of 80%.

In the plan’s first year, partners identified lack of transportation as a barrier to obtaining necessary medical care. The DHSS Strategic Plan also identified transportation as an issue. There



was no central location for information on all transportation services for health care appointments, so a strategy was developed to identify these and develop a catalog of transportation services. In the second and third plan years, the effort shifted to promoting the catalog which is maintained by the Department and housed on its webpage at:

<http://www.health.mo.gov/atoz/pdf/transportationservices.pdf>.

Efforts are continuing to develop a system of Community Health Workers (CHW) in the State. A statewide CHW Advisory Committee with diverse membership has been established to represent entities with statewide interest in the field. The committee met throughout 2016 to draft core competencies to serve as the standard for the state. The Committee agreed to a recommendation for core competencies and objectives for a statewide curriculum which has been approved by the Department. The process for establishing the core competencies as the statewide standard will begin. The next focus for the Statewide Community Health Worker Advisory Committee is certification and continuing education.

St. Louis Community College and Ozark Technical College began their courses in January 2016. St. Louis Community College is piloting a portion of their course being on-line. Contracts have been renewed with St. Louis Community College and Ozark Technical College to provide tuition reimbursement to up to 20 individuals at each institution. Efforts are in process to expand the curriculum to the Southeast region of Missouri including the Bootheel. Discussion will center on the individual standards and transition into certification issues.

Presentations were made at the Regional Local Public Health Meetings to lay the groundwork for an understanding of CHWs. A breakout session on CHWs will be available at the Missouri Public Health Conference in September and will include perspectives from Springfield-Greene Co. Health Department and Kansas City Care Clinic.

Thirteen partners throughout the State now utilize CHWs including Springfield/Greene County Health Department, KC CARE Clinic, St. Luke's Hospital, Children's Mercy Hospital, Samuel U. Rodgers Health Center, Access Family Care in Springfield, Cox Health in Springfield and Branson, Jordan Valley Community Health Center, Ozarks Community Hospital in Springfield, Swope Health Services, Truman Medical Center and Integrated Health Network in St. Louis.

Two studies were conducted to inform this project and related strategies. The primary, qualitative data collected will greatly enhance Missouri's efforts to develop an effective CHW system in the state and will inform future strategies in the SHIP.

The focus of the first project is prevention and management of diabetes in elderly populations through education, utilization of chronic disease self-management, and enhanced access to care has been named the Community Health Worker Diabetes Management Senior Project. The plan is to deploy community health workers into local community's locations, including Senior Centers. The initial planning stages included a state senator, a state representative, a representative from the Governor's Office, the directors of DHSS and the Department of Social Services, the DHSS



legislative liaison, and directors of the senior services and public health divisions within DHSS. Using health data, the group identified the need to address diabetes in senior populations, especially in four regions of the state; the St. Louis region, Kansas City, the Bootheel and Phelps County. The group identified the need to include more statewide and local partners in the implementation of the pilot projects.

Regional planning meetings were held in each of the four targeted regions to provide an opportunity for local input and adaptation of the implementation plans to more closely fit the social and cultural aspects of each of the communities. They also provided an opportunity to identify local champions, assign local tasks and roles, and build consensus on the desired outcomes.

A separate study was conducted by the Department to describe the level of integration of CHWs into Missouri health systems. All 117 Missouri Local Public Health Agencies (LPHAs), 394 Rural Health Clinics (RHCs), and 113 Federally Qualified Health Centers (FQHCs) were contacted to participate in a survey regarding their use of CHWs. 50 LPHAs, 11 RHCs, and 6 FQHCs identified representatives to participate in the survey. The response rate was 37%.

The data yielded significant results. First, the use of CHWs in Missouri healthcare systems is limited. The four themes identified regarding why CHWs are not used included lack of funding or reimbursement for services, lack of need for CHWs, small facility size and unfamiliar with what CHWs do. While some of the findings are not surprising, the unfamiliarity with the role of CHWs being noted as a reason for not using them may explain why, despite the expanding role of CHWs in other locations and sectors, they are not heavily utilized in Missouri. It may be that the perceived lack of need for CHWs may actually be due to a lack of knowledge about what they do. It is plausible that if educated on the role and potentials benefits of employing CHWs in healthcare systems that use of them would expand. The Department plans to increase utilization of CHWs in Missouri healthcare systems based on recommendations developed from the results of this study.

Work is in progress to develop a system of Community Paramedics in Missouri. After considerable work with stakeholders, the Final Order of Rulemaking was completed. The final regulations were filed with the Secretary of State on August 29, 2016. The regulations will establish, among other things, licensure and training requirements, the process for applying for certification as a Community Paramedic, scope of practice, and required medical oversight by a medical director. The program will be administered through ambulance districts.

Patient-Centered Medical Homes (PCMH) can lead to higher quality of care and lower costs, and can improve patients' and providers' experience of care. The National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Recognition is the most widely-used way to transform primary care practices into medical homes. By provider site and clinician (duplicated count), there were 1,602 PCMHs in Missouri as of the end of this plan's third year. This is down from a year ago when the number was 1,661, possibly as a result of other types of emerging





patient care models currently being implemented.

The Missouri Primary Care Association (MPCA) is a non-profit organization dedicated to improving access to high quality, community based and affordable primary health care in urban and rural populations across Missouri. MPCA represents the state's FQHCs and provides technical assistance to those FQHCs seeking health care recognition. Currently 26 of 29 or 90% FQHCs in Missouri have one or more sites that are recognized under the NCQA 2011 or 2014 Standards.

Progress is being made in the telehealth strategy. Project ECHO provides several types of projects including hepatitis C, asthma, endocrinology, dermatology and chronic pain management. MFH funds chronic pain management and pediatric asthma telehealth projects. Mo HealthNet revised their regulations to expand settings and types of services for telehealth. With the passage of Senate Bill 579, the new legislation defines what providers are eligible to receive reimbursement under Mo HealthNet. Any licensed health care provider will be authorized to provide telehealth services if such services are within the scope of practice for which the health care provider is licensed and if such services are provided under the same standard of care as services provided in person.

As the federally contracted Medicare Quality Improvement Organization for Missouri, Primaris works closely with healthcare providers to promote better patient care and population health and to lower healthcare costs. Primaris partners with physicians, providers, patients and payors to improve clinical outcomes. One of the ways they do that is through electronic connections with beneficiaries. During this plan year, Primaris has recruited approximately 200 providers to work on this initiative. 100% of these providers have an electronic connection with beneficiaries.

#### Revisions:

In strategy one, the transportation catalog will be re-messaged to LPHAs.



Issue 1, Goal 1: Missourians will have access to comprehensive, quality, affordable health care.

**Objective 1.3: By 2018, increase the primary care workforce in Health Professional Shortage Areas (HPSA) of Missouri.**

Recommended for inclusion in SHIP Year 4:

1. Increase the number of foreign medical students that receive waivers and continue working in shortage areas
2. Maintain the number of communities and health facilities approved by National Health Service Corps (NHSC) sites to recruit health care providers to work in health care provider shortage areas
3. Maintain the number of communities retaining primary care practitioners by supporting and providing incentives for rural doctors
4. Increase the number of communities obtaining funding to expand new access points, networks and community partnerships

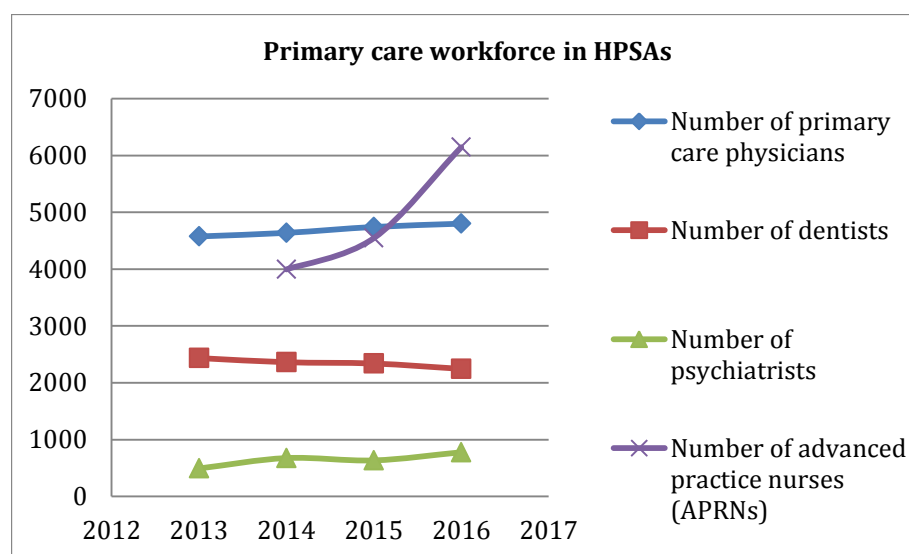
Yes

Yes

Yes

Yes

Performance Measure	Baseline and Year	Target and Year	Actual Measure 2016 plan year	Performance Measure Status
Number of primary care physicians	4576 (2013)	4900 (2018)	4801	
Number of dentists	2435 (2013)	2239 (2018)	2245	
Number of psychiatrists	492 (2013)	767 (2018)	777	
Number of advanced practice nurses (APRNs)	Added in 2014	6300 (2018)	6146	





The first three strategies are conducted and monitored by the DHSS Office of Primary Care and Rural Health (OPCRH); therefore, performance measures were selected based on data available from the OPCRH. Performance measures for primary care physicians are on target with 2018 goals. The 2018 target for psychiatrists was exceeded in 2016, going from 492 in 2009 to 777 in 2016. The 2018 target for APRNs was exceeded in 2015 and again in 2016 at 6146; therefore the target for APRNs for 2018 was adjusted to 6300. There has been a downward trend in dentists the past few years so the 2018 target was reduced from 2469 to 2239. About 55% of Missouri's dentists are older than 50 years of age. Nationally, this number is 50%. In Missouri, about 4% more dentists are in the 65 years and older group than is typical seen nationally.<sup>2</sup> Since Missouri's dental workforce appears to be older than the national average, it is more likely that more dentists are leaving the workforce than entering it.

The state's J-1 Visa Waiver program allows foreign medical graduates, typically general practice physicians, pediatricians or psychiatrists, to practice in underserved areas of the state. The OPCRH supports and facilitates the placement of participants for this program to help meet the need for rural health care providers. This past year, 55% of J-1 physicians who completed their three year obligation continued to work for two or more years in a Health Professional Shortage Area (HPSA). This number is down due to a natural disaster in 2011. Of the total 29 physicians placed, several were located at St. John's Hospital in Joplin which was destroyed by a tornado. Four of the physicians took different positions in other states.

The National Health Service Corps (NHSC) has been a long-time partner of the OPCRH. Together, viable practice locations are identified and health professionals are recruited into the state. The OPCRH is able to provide technical assistance and insight on practice locations by using statewide needs assessments, availability of practitioners, community health center new starts and expansions, as well as community health care system development efforts. There has been a decrease in NHSC loan re-payors and scholars from 411 in 2015 to 364 this year.

Local communities work with OPCRH to retain primary care practitioners by supporting and providing incentives for rural doctors such as repayment of state loans. Due to level funding, the number of communities retaining primary care practitioners remained at ten.

#### Revisions:

The 2018 target for dentists was reduced from 2469 to 2239. New targets will be set for those measures that were exceeded. To help address the shortage of primary care providers and especially dentists, a new strategy will be added to facilitate opportunities for Missouri medical and dental students to complete community-based clinical preceptorships in HPSAs and in FQHCs and Rural Health Clinics. Another strategy to be added will address training for dental health professionals and families of children with developmental disabilities.

<sup>2</sup>American Dental Association, Health Policy Institute, U.S. Dentist Workforce by Age Group. Accessed on October 28, 2016 at:

[http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic\\_0916\\_1.pdf](http://www.ada.org/~media/ADA/Science%20and%20Research/HPI/Files/HPIgraphic_0916_1.pdf).



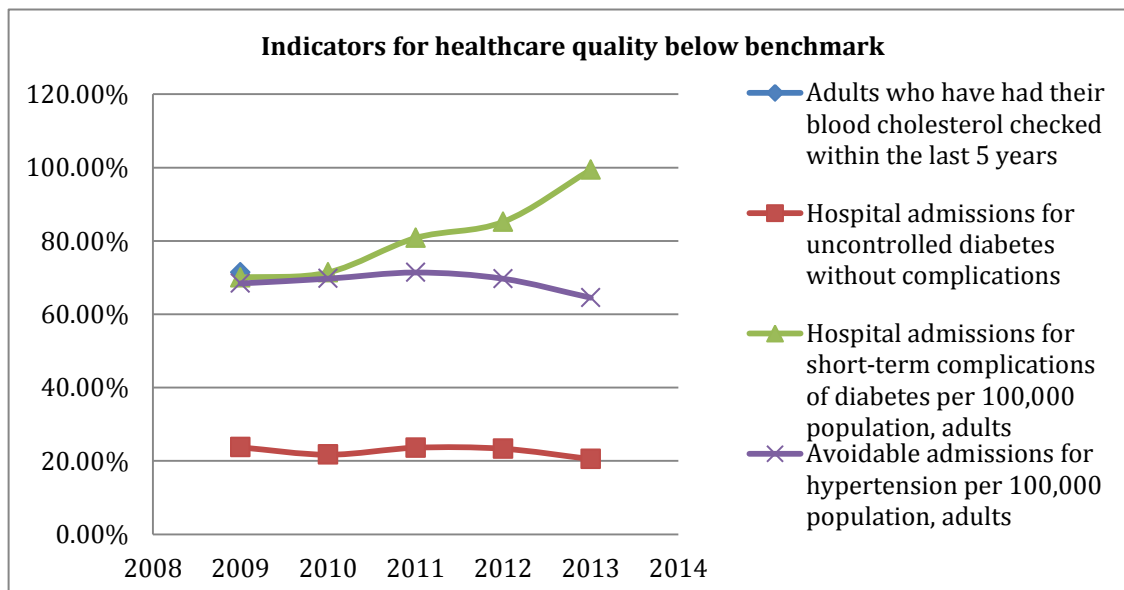
Issue 1, Goal 1: Missourians will have access to comprehensive, quality, affordable health care.

**Objective 1.4: By 2018, decrease the number of indicators for healthcare quality that are below the national benchmark.**

Recommended for inclusion in SHIP Year 4:

- |   |     |
|---|-----|
| 1. Provide training and technical assistance for improvement of measures in the Medicare population | Yes |
| 2. Reduce hospital re-admissions  | Yes |
| 3. Improve Medicaid care management   | Yes |

Performance Measure (AHRQ)	Baseline and Year	National Benchmark	Actual Measure 2016 plan year	Performance Measure Status
Percent of adults age 18 and over who have had their blood cholesterol checked within the last five years	71.4% (2009)	82.6% (2009)	Data not available since 2009	○
Hospital admissions for uncontrolled diabetes without complications per 100,000 population, adults, HCUP data	23.7 (2009)	4.55 (2009)	20.5 (2013)	●
Hospital admissions for short-term complications of diabetes per 100,000 population, adults	70 (2009)	38.5 (2009)	94.4. (2013)	●
Avoidable admissions for hypertension per 100,000 population, adults	68.4 (2009)	16.1 (2009)	64.5 (2013)	●





During the development of this objective, partners selected four measures from the Agency for Healthcare Research and Quality (AHRQ) National Healthcare Quality Report based on the relationship to strategies which partners could contribute to. Missouri performed below the all-state average and was weak among these measures relative to all reporting states. The objective aims to decrease the number of indicators for healthcare quality that are below the national benchmark by 2018. The 2013 data reveals that two measures, hospital admissions for uncontrolled diabetes without complications and avoidable admissions for hypertension have improved. The measure, hospital admissions for short-term complications of diabetes, has worsened every year since we began tracking this measure. All three measures are still quite far from the national benchmarks. No data has been available since 2009 for percent of adults age 18 and over who have had their blood cholesterol checked within the last five years.

Providing training and technical assistance for improvement of chronic disease measures is a strategy to which partners contribute. MPCA operates a QI network that meets bi-monthly and tracks four quality measures including diabetes, hypertension and LDL control. This quality outcome data is tracked and shared with hospitals for internal process improvement use. This year, 22 trainings were conducted. Mo HealthNet tracks specific chronic disease measures in its population. For example, in its Health Home population, there have been clinically significant improvements in LDL, HgBA1C, and blood pressure. Primaris is working with approximately 200 physician practices on quality improvement methodology and implementing evidence-based practices to improve outcomes and population management. The Diabetes Self-Management Education (DSME) program is a sustainable volunteer-based program that continues to grow and increase statewide reach.

Missouri continues to track and evaluate progress on readmissions. The indicator for this strategy is the number of Missouri hospitals with 30-day hospital-wide all-cause readmission rates over the national average with a baseline of six in 2013 using the most recent data available at that time (7-1-10 through 6-30-12). However, this indicator increased to seven (7-1-12 through 6-30-14) and then to 12 in the most recent data analysis (7-1-14 through 6-30-15).

Many Medicare patients discharged from an inpatient stay end up back in the hospital within 30 days. Some of these hospital readmissions are avoidable and may indicate poor care or missed opportunities to better coordinate care, so reducing hospital readmissions is an important strategy in this plan. The Missouri Hospital Association (MHA) represents all of Missouri's acute care hospitals through advocacy, education and resources and is engaged in various initiatives to support member hospitals in their readmission reduction efforts. MHA has focused on the following initiatives:

- developed and led an immersion project to help participating hospitals improve internal processes and patient and family engagement to prevent readmissions and improve care transitions,



- supported readmission reduction education through Hospital Engagement Network 2.0 participation and access to national level subject matter experts and resources,
- provided funding for access to HIDI – Hospital Industry Data Institute’s readmission dashboards,
- supported a regional meeting focused on readmission and care transitions education and round table discussions with members,
- developed and promoted a consumer-facing transparency website that included quality metrics information re: readmissions, and
- developed and continue to lead a state and national discussion and research on the important role that socio-economic and socio-demographic specifics have on readmission rates and ability to achieve good outcomes through transition of care.

The SHIP measures the number of Missouri hospitals with 30-day hospital-wide all-cause readmission rates over the national average. This has recently increased from 7 (7-1-12 thru 6-30-14) to 12 (7-1-14 thru 6-30-15). There are many reasons for this increase despite aggressive actions by the MHA to bring this rate back down. First, this measure does not take mutually exclusive cases into consideration. Next, a new condition was added, total knee and hip replacements, for which readmissions which are very high in Missouri due to our population demographics. A third reason considers that Missouri was at the top of this measure when it was initiated as compared to other states, so our rate now may be showing a regression to the mean as other states improved their 30-day hospital-wide all-cause readmission rates.

Primaris continues to expand reach in communities to decrease readmissions. Currently, 50% of Medicare beneficiaries are included in a community that is participating in readmission work.

Mo HealthNet has begun a care management pilot project on continuity of care. It involves care management of high risk clients assigned to a nurse. Evaluations will occur in the future and will include clinical outcomes, utilization and cost impact.

#### Revisions:

No revisions were identified. The strategies will remain.



## Priority Health Issue 2 – Modifiable Risk Factors

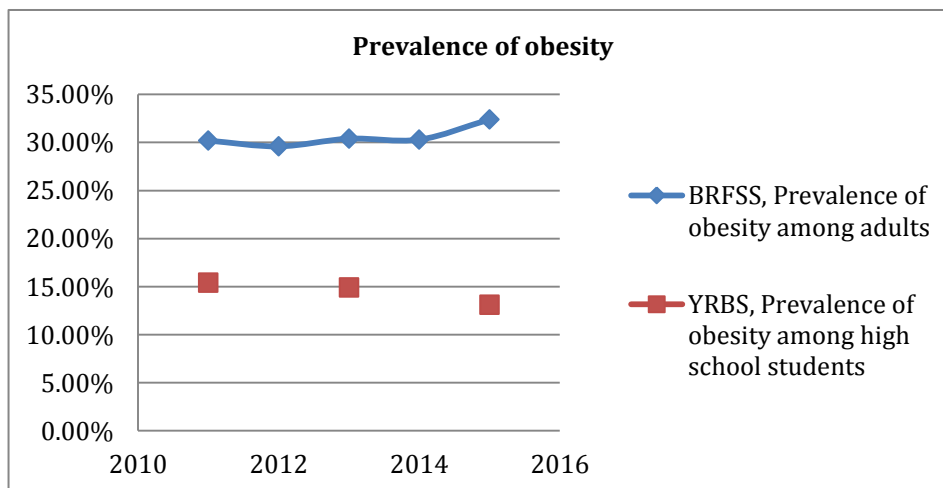
Issue 2, Goal 1: Missourians will achieve optimal health through reduction of modifiable risk factors.

**Objective 2.1: By 2018, decrease the prevalence of obesity among adults from 30.2% to 27.2% and among children from 15.4% to 12.4%.**

Recommended for inclusion in SHIP Year 4:

1. Expand the Missouri Breastfeeding Friendly Worksite Program	Yes
2. Expand the Missouri Live Well Restaurant Initiative to increase the number of restaurants serving healthy choices	Yes
3. Increase the number of state and local parks that adopt Eat Smart in Parks nutrition standards	Yes
4. Increase access to healthier food retail in underserved areas	Yes
5. Promote adoption of environments and policies that increase access to healthy food in early care and education facilities, schools and worksites	Yes
6. Promote adoption of policies for Livable Streets	Yes
7. Promote adoption of policies that increase comprehensiveness and quality of physical activity programs in schools; and physical activity in early care and education facilities and worksites	Yes
8. Promote Farm to School program	Enhance

Performance Measure	Baseline and Year	Target and Year	Actual Measure 2016 plan year	Performance Measure Status
Prevalence of obesity among adults (BRFSS)	30.2% (2011)	27.2% (2018)	32.4% (2015)	
Prevalence of obesity among high school students (YRBS)	15.4% (2011)	12.4% (2018)	13.1% (2015)	







Through DHSS's Obesity Initiative and partners such as the Missouri Council for Activity and Nutrition (MoCAN) – a statewide coalition comprised of many organizations working together to prevent obesity and other chronic diseases through statewide policy, nutrition and physical activity interventions – progress is being made. Obesity among high school students declined from 15.4% in 2011 to 13.1% in 2015, exceeding the 2018 target of 13.8%. A new target of 12.4% was set. The prevalence of obesity among adults is less noteworthy; it was 30.3% in 2014 and stands at 32.4% in 2015.

All strategies described below are on track to meet or exceed 2018 targets. The Missouri Breastfeeding Friendly Worksite Program is a collaborative between DHSS and the Missouri Breastfeeding Coalition to educate employers on the value of providing lactation support in the workplace and to recognize businesses that support breastfeeding employees. The 2014 baseline was 58 businesses with a target of 150 by 2015 and 400 by 2018. Currently, 336 businesses are designated as Missouri Breastfeeding Friendly. A newer focus is on recognizing child care centers that achieve the Missouri Breastfeeding Friendly designation. Currently, 40 child care centers have been designated as such.

The Missouri Live Well Restaurants Initiative encourages restaurateurs to offer at least three meals that meet specific nutrition criteria to increase accessibility to healthy food at their establishments. Currently 59 restaurants in ten counties are designated as Live Well.

Increasing access to healthier food retail in underserved areas has a target of 27 locations by 2018. Currently, 25 stores are participating in Stock Healthy Shop Healthy (SHSH).

Eat Smart in Parks is a statewide effort aimed at promoting healthier options in Missouri's state and local parks. This effort includes the development of a model policy that guides parks in serving healthier options and provides staff training on how to implement the guidelines. Presently 25 park systems are participating in Eat Smart in Parks, meeting the 2015 target.

The Missouri Eat Smart Child Care Initiative aims to improve the nutritional quality of menus and the environment in which meals are consumed. Currently, 142 providers are recognized as Eat Smart. The Missouri Accreditation of Programs for Children and Youth adopted the Eat Smart Guidelines as part of their review criteria starting in the summer 2015 which will increase the number of recognized Eat Smart providers over the next few years.

DHSS has been involved in promoting Liveable Streets policies across Missouri for several years. The Missouri Livable Streets project seeks to improve the health, well-being and economic vitality of all people and communities across the state through transportation and active living policy development and education. The initiative provides technical assistance and resources to communities to assist them in adopting and/or implementing Livable Streets policies. There are currently 27 Livable Streets policies in the state, meeting the 2018 goal.

Child care providers enrolled in the MOve Smart Child Care Initiative are encouraged to adopt best-practices for incorporating policies and practices that encourage physical activity.





This program has been growing rapidly from 39 centers last year to 105 providers at this time.

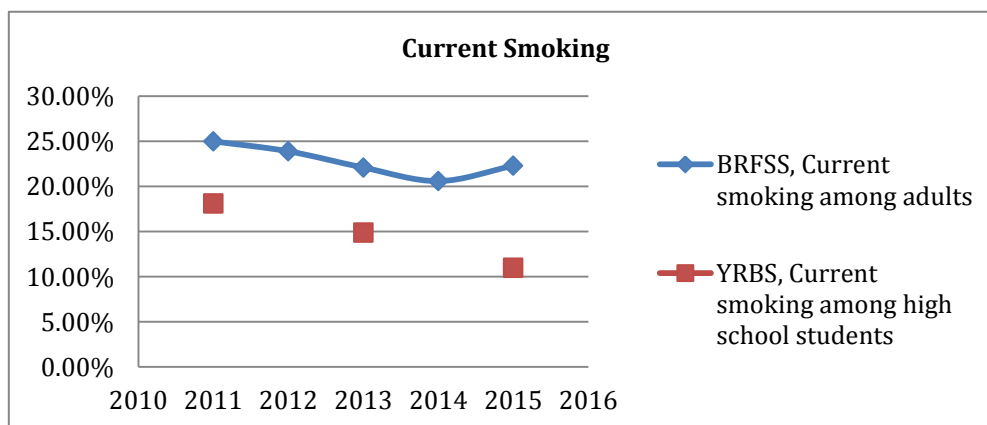
According to the USDA Farm to School Census 27% of Missouri school districts participate in farm to school activities (143 school districts, 911 schools and 431,990 students). Another 15% of school districts surveyed plan to start farm to school activities in the future. School gardens stand at 116. School districts that engage preschool children in farm to school activities are 34%.

Revisions:

A performance measure will be added to track obesity among seniors 65 plus. A new strategy will be added to revise the Missouri Work Well toolkit for worksite wellness. A strategy will be added for the Missouri "Show Me 5" hospital initiative which is an evidence-based maternity care practices shown to support breastfeeding initiation and duration.



Issue 2, Goal 1: Missourians will achieve optimal health through reduction of modifiable risk factors.				
<b>Objective 2.2: By 2019, decrease current cigarette smoking among adults from 20.6% to 19.7% and among high school students from 11% to 8%.</b>				Recommended for inclusion in SHIP Year 4:
1. Deliver training and resources, including on-line options, to health care professionals and educators				Enhance
2. Secure funding for the Missouri Tobacco Quitline by making the business case for the cost-benefit of quitline services				Yes
3. Maximize health care provider referrals to the Quitline by promoting the fax referral system				Enhance
4. Promote adoption of tobacco prevention policies in schools				Enhance
5. Develop youth leadership in tobacco control				Yes
6. Promote MO HealthNet's unlimited cessation benefit				Yes
Performance Measure	Baseline and Year	Target and Year	Actual Measure 2016 plan year	Performance Measure Status
Current smoking among adults (BRFSS)	25% (2011)	19.7% (2019)	22.3% (2015)	
Current smoking among high school students (YRBS)	18.1% (2011)	8% (2019)	11% (2015)	



The DHSS Comprehensive Tobacco Control Program (CTCP) leads these strategies through organizations and communities working to build support for evidence-based programs. The 2015 BRFSS data shows that 22.3% of Missouri adults smoked cigarettes every day or some days, a significant decline from 25.0 % in 2011. While the adult smoking rate did increase in 2015, it was not a significant increase from 2014. The 2013 YRBS survey indicates that smoking among high school students has decreased significantly from 18.1% in 2011 and 14.9% in 2014 to 11% in 2015. The 2015 goal of 14% has been exceeded. New targets were established.



A doctoral candidate developed a toolkit for school personnel entitled “Adolescent Cessation in Every School” (ACES). Since December the candidate has been training school personnel, concentrating on school health nurses in the use of ACES; and is currently testing and evaluating the tool. Between October 2015 and August 2016, 38 individuals were trained at four events. All were school nurses or LPHA staff.

The new contract for the Missouri Tobacco Quitline included the offer of an on-line training for health care professionals (hcp). The Quitline manager is currently working with the Quitline provider to make this available to Missouri hcp with the possibility of providing continuing education credits for a variety of hcp.

Primaris is working with over 200 physician practices on quality improvement methodology and implementing evidence-based practices to improve outcomes and population management.

To help increase quitline services, \$50,000 in state funding with a \$50,000 federal Medicaid match was included in the 2017 State budget. DHSS met the target for 2016 budget increase; however, the 2017 budget is undecided.

The CTCP collaborates with the DMH, MHD and MPCA on increasing fax referrals from providers to the quitline. In FY2016, the Quitline received 1,476 fax referrals, exceeding the goal of 1,000.

In school year 2015-16, 20 LPHAs contracted for the youth leadership in tobacco control intervention. Not all worked on school policy, however, some worked on community smokefree policy. One private school did implement a comprehensive tobacco free policy as a direct result of the action plan and activities done by the youth who participated in the youth leadership in tobacco control intervention.

From October 2015 through April 2016, 10 youth were active on the Tobacco Free Missouri Youth Leadership Council. In that same time period 233 youth and mentors attended 15 Clear MO Air trainings (youth developed and youth led) and 300 attended 2 rallies where the youth learned about writing letters to the editor and preparing messages. In June 2016, 15 youth and six college students attended the second annual youth leadership in tobacco control summit. There is duplication in numbers between the various trainings. The numbers reported for 2015 were the unduplicated (and cumulative) individuals who took a very specific leadership role in tobacco control. The process to determine the additional numbers in 2016 has not begun.

DHSS and Mo HealthNet have developed a plan to promote the unlimited cessation benefit for Mo HealthNet members. Implementation of the plan has begun and approval of a flyer for health care providers has been obtained from both Mo HealthNet and DHSS to be distributed in the fall.

#### Revisions:

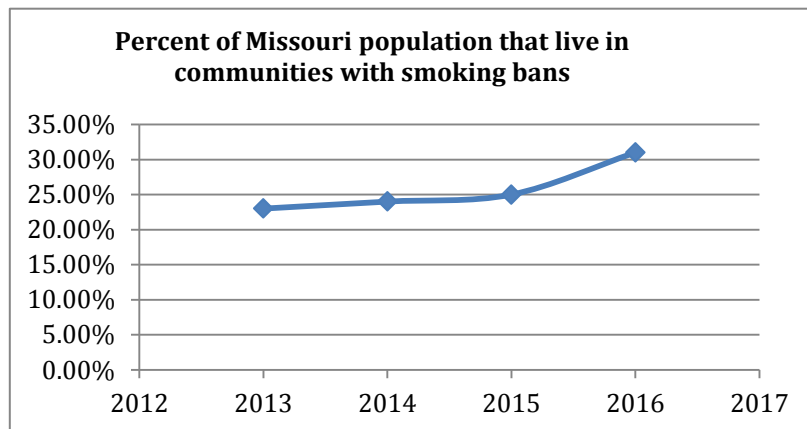
A performance measure from the PRAMS data set will be added to track smoking among pregnant women. Some current strategies will be enhanced with new focus on adding online CEUs for



health care providers on smoking cessation and electronic fax referrals to the fax referral system. Likewise, “promote adoption of tobacco prevention policies in schools” will be enhanced to include universities and communities. The MCH contracts in the CLPHS offer tobacco prevention as a deliverable. We will explore adding those smoking-related strategies to this objective.



Issue 2, Goal 1: Missourians will achieve optimal health through reduction of modifiable risk factors.				
<b>Objective 2.3: By 2016, increase the percent of Missourians who are protected from secondhand smoke from 23% to 33% (in all indoor public places and indoor work places).</b>				Recommended for inclusion in SHIP Year 4:
1. Provide technical assistance to local coalitions to develop and implement local smokefree ordinances				Yes
2. Provide media resources projecting positive messages around the importance of smokefree communities				Enhance
Performance Measure	Baseline and Year	Target and Year	Actual Measure 2016 plan year	Performance Measure Status
Percent of Missouri population that live in communities with smoking bans covering all indoor public places and indoor work places (CTCP program data)	23% (2013)	33% (2018)	31% (2016)	



The Department's Comprehensive Tobacco Control Program provides technical assistance to local communities around smoke-free ordinances. The percent of Missouri population that live in communities with smoking bans covering all indoor public places and indoor work places continues to increase through local efforts.

In January 2016, three communities implemented comprehensive smokefree policies, bringing the percent of Missourians protected from secondhand smoke to 31%. From April 2015 through March 2016, 30 LPHAs had contracts for coalition building and/or youth leadership in tobacco control interventions. These youth leadership contracts focused either on community smokefree policy or tobacco free schools, with a few exceptions for those communities that already had comprehensive policies for both. The contracts for coalition building worked on community smokefree policy or other policy interventions. Half of the 30 had both contracts,



nine had coalition building only, and six had youth only. As of April 2016, 20 LPHAs continued with contracts for coalition building and in August 2016, 19 applied for contracts for youth leadership (26 unique, 13 both, eight coalition building only, five youth only).

Last year, youth-developed radio and television messages were identified under the second strategy. These were run this year on TV and billboards. A youth developed radio message was disseminated statewide in October through December 2015 with a 7:1 return on investment. A youth developed TV message was disseminated statewide in January through March 2016 with a 13:1 return on investment.

Revisions:

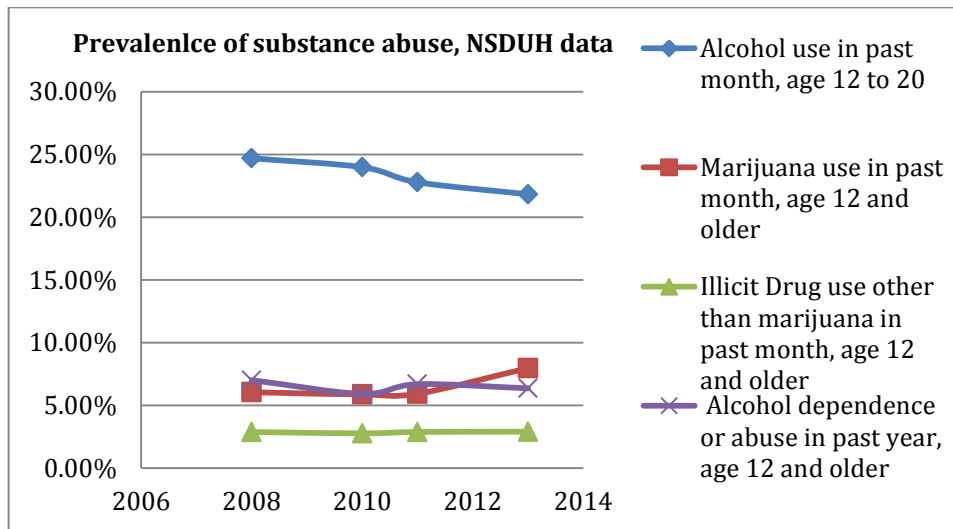
In the second strategy, multi-unit buildings will be added as a focus area for media resources.



Issue 2, Goal 1: Missourians will achieve optimal health through reduction of modifiable risk factors.				
<b>Objective 2.4: By 2018, reduce prevalence of substance abuse as a result of implementing effective and evidenced-based programs</b>				Recommended for inclusion in SHIP Year 4:
1. Implement evidence-based alcohol and drug prevention programs through Department of Mental Health certified contracted agencies				Yes
2. Promote school-based substance abuse prevention and related programs				Yes
3. Increase the number of Medicare beneficiaries that receive screening for behavioral health conditions.				Yes
4. Provide training to school personnel on drug use prevention and signs of drug use				Yes
5. Provide alcohol and substance abuse educational sessions to demonstrate the effects of alcohol and substance abuse in exposed babies				Yes
6. Implement a policy to establish a prescription drug registry				Yes
7. Implement strategies to decrease prescription drug abuse				Yes
Performance Measure	Baseline and Year	Target and Year	Actual Measure 2016 plan year	Performance Measure Status
Reduce alcohol and drug use among youth				
• Alcohol use in past month age 12 to 20 (NSDUH*)	24.71% (2008 – 10)	23% (2018)	21.84% (2013 – 14)	★
• Marijuana use among high school students in past 30 days (YRBS) – no 2011 data available	20.6% (2009)	19.55 (2018)	16.3% (2015)	★
Reduce alcohol and drug use among general population – age 12 or older (NSDUH)	(2008 – 10)	(2018)	(2013 – 14 )	
• Marijuana use in past month	6.06%	5.5%	7.98%	●
• Illicit Drug use other than marijuana in past month	2.89%	2.66%	2.91%	●
• Alcohol dependence or abuse in past year	7.02%	5%	6.37%	●
Reduce alcohol and drug use among pregnant women:				
• Drinkers who quit during pregnancy (PRAMS**)	52.7% (2010)	58% (2018)	49.1% (2013)	●

\*National Survey on Drug Use and Health

\*\*Pregnancy Risk Assessment Monitoring System



Substance Abuse and Mental Health Service Administration (SAMSHA) funds the National Survey on Drug Use and Health (NSDUH), which is an ongoing survey of the civilian, non-institutionalized population of the United States aged 12 years or older. Several of the performance measures are taken from substrate estimates of substance use based on combined NSDUHs. The 2013 – 2014 NSDUH and 2015 YRBS data indicate that underage drinking and marijuana use among youth have improved and 2018 targets have been exceeded. NSDUH 2013 – 2014 data indicators among the general population have worsened including alcohol dependence or abuse, marijuana use and use of illegal drugs other than marijuana.

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a surveillance project of the CDC and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. According to 2013 PRAMS data, drinkers who quit during pregnancy is worsening, decreasing to 49.2% from 50.4% the previous year with a goal of 58% by 2018. A new question on maternal drug use will be added to the 2016 PRAMS survey. The SHIP will track this data point once it becomes available, which is projected to be in late 2017.

The DMH's Division of Behavioral Health provides services through a network of contractors, currently at 18, who meet certification standards and who operate alcohol and drug abuse prevention programs. DMH certified contractors serving six school districts implement the School-based Prevention Intervention and Resources Initiative (SPIRIT) to delay the onset and decrease the use of substances, improve overall school performance, and reduce incidents of violence. Prevention agencies are paired with participating school districts to provide technical assistance in implementing evidence-based substance abuse prevention programming and referral and assessment services as needed.

Primaris is working with at least 200 physician practices on quality improvement methodology and implementing evidence-based practices to improve outcomes and population





management.

DHSS implements substance abuse and related programs that target specific populations through training sessions and programming. Drug Impairment Trainings for Education Professionals (DITEP) are conducted by a partner, the Missouri Police Chief's Association, through regional training sessions.

The Missouri legislature did not pass a proposed statewide Prescription Drug Monitoring Program (PDMP) in the 2016 legislative session. However, St. Louis County passed an ordinance to begin a PDMP in the County and are writing rules and ordinances for the program. St. Louis County has offered other counties to participate in their program by putting data into it and retrieving data from it. If some of the larger counties in Missouri participate in the St. Louis County Program, this intervention has the potential to reach 80% of Missouri's Population.

Additional efforts to curtail prescription drug abuse are occurring through the Department's Division of Regulation and Licensure (DRL). The Missouri Academy of Family Physicians, Missouri Association of Osteopathic Physicians and Surgeons, Missouri College of Emergency Physicians, Missouri Dental Association, MHA and Missouri State Medical Association representing health care providers issued recommendations to their collective memberships on an initial step to reduce opioid painkiller misuse and abuse. They recommend that health care providers adopt a core set of actions to reduce variation in opioid-prescribing practices.

#### Revisions:

No revisions were identified. The strategies will remain. New targets will be set for those measures that were exceeded.



### Priority Health Issue 3 – Infrastructure Issues

Issue 3, Goal 1: Missouri will have the necessary infrastructure for an effective public health system.

**Objective 3.1: By 2018, increase the number of local public health agencies that has a Workforce Development Plan from 26 to 30.**

Recommended for inclusion in SHIP Year 4:

1. Identify core competency skills in public health job descriptions


Yes

2. Explore leadership training opportunities for local public health agencies

Yes

3. Create on-line resources on workforce development to help local public health agencies further accreditation efforts

Yes

Performance Measure	Baseline and Year	Target and Year	Actual Measure 2016 plan year	Performance Measure Status
Number of local public health agencies that report having a workforce development plan	26 or 23% (2013)	30 (2018)	40 (2016)	

The Public Health Interagency Task Force for Workforce Infrastructure leads this objective and its strategies. The Task Force includes members from: DHSS – Office of Human Resources (OHR), Center for Local Public Health Services (CLPHS), Missouri Actions to Prevent Chronic Disease (MAP), Office of Primary Care and Rural Health (OPCRH) and Office of Performance Management (OPM); University of Missouri-Columbia Public Health Program; Missouri State University (MSU) MPH Program; Ozarks Public Health Institute (OPHI); A.T. Still University Area Health Education Centers (AHEC); SLU College for Public Health and Social Justice; Missouri Institute for Community Health (MICH); Missouri Association of Local Public Health Agencies (MOALPHA); Lindenwood University School of Nursing; and Washington University George Warren Brown School of Social Work. The Task Force meets quarterly to further these efforts.

Objective 3.1 measures the number of LPHAs that has a workforce development plan as measured by a bi-annual CLPHS survey. The 2016 survey has been analyzed and indicates that 40 LPHAs now have workforce development plans, up from 26 in 2014. The target of 30 by 2018 has been exceeded.

DHSS has incorporated core competencies into the Health Program Representative series job descriptions and is engaging staff in discussions about how to use the core competencies in their work. The Program Coordinator description is being updated to include core competencies at this time.

Public health leadership training has been identified as a need by DHSS and LPHAs but lack of funding has prevented the development of a leadership training program. DHSS is in discussions



with the Heartland Learning Management System (LMS) about identifying leadership training opportunities within the LMS platform to offer to LPHAs. The latest version of the LMS system has portals that include material relevant to certain topic areas. The plan is to develop a leadership portal with training programs at various learning levels. LPHAs were surveyed about their use of LMS and several have used it for leadership training. An orientation module on LMS and a training manual have been developed. Heartland Center conducted fall webinars to orient LPHAs on the new LMS platform.

DHSS's Office of Human Resources presented at six regional Local Public Health System meetings to share information regarding DHSS courses that are now available to LPHA staff. They also provided a Train-the Trainer session on sexual harassment, diversity, Americans with Disabilities Act and ADA Amendments Act, and Title VI (civil rights and nondiscrimination in the provision of services).

The Missouri Institute for Community Health (MICH) received a Missouri Public Health Association (MOPHA) grant to survey and to determine the capacity of LPHAs in an effort to create on-line resources on workforce development to help LPHAs further their accreditation efforts. The survey was conducted last year and results indicate that 80% of respondents do not have a workforce development plan. Although 93% have job descriptions, only 54% review them annually. Survey results also indicate that the top training needs of LPHA managers are policy development (65%), public health legal issues (65%), administration and management (63%), and leadership (56%). A second survey was conducted to learn more specifics about LPHAs training needs and what the learning format might be; it indicated that LPHAs are interested in policies about how a health department conducts its business, both internally and externally. Regarding legal issues, LPHAs are concerned about their authority and liability. LPHAs want to know how to use social media effectively with the public and stakeholders as well as internally. Most LPHAs prefer in-person training but accept the reality of on-line training.

MICH has completed this resource at: <http://www.mopha.org/workforce-development.php>. It features links to tools from agencies such as CDC, NACCHO, ASTHO and PHF in the respective topic areas (i.e. analyzing your current workforce, creating a workforce development plan, creating job descriptions, workforce retention activities, social marketing and branding) as well as links to partner websites. Training on how to use this resource page and how to develop workforce development plans will be implemented in 2017.

#### Revisions:

The target of 30 LPHAs with a workforce development plan by 2018 has been exceeded so a new target or different performance measure will be sought. The development of public health nursing competencies through the Council for Public Health Nursing may augment strategy one.



Issue 3, Goal 1: Missouri will have the necessary infrastructure for an effective public health system.				
<b>Objective 3.2: By 2020, increase the number of professionals who graduate from a public health school/program in Missouri with a degree in public health who work in the state for one year or longer after graduation to 5% above baseline.</b>				Recommended for inclusion in SHIP Year 4::
1. Identify and address barriers to public health internships for students				Yes
2. Develop on-line resources to help local public health agencies provide intern experiences at their agencies				Yes
3. Increase high school and undergraduate students exposure to public health careers				Yes
4. Develop a public health promotional packet of information for high school students				Yes
Performance Measure	Baseline and Year	Target and Year	Actual Measure 2016 plan year	Performance Measure Status
Number of graduates with a Masters of Public Health working in Missouri for one or more years	Under development	5% increase (2020)	NA	○
Number of graduates with a Bachelor's degree with an emphasis in Public Health working in Missouri for one or more years (data as available)	Under development	5% increase (2020)	NA	○

The Department has garnered the support of each of the public health schools and programs in Missouri with each being represented on the Public Health Interagency Task Force for Workforce Infrastructure for this and the preceding objective. The Missouri Public Health Association (MOPHA), with the assistance of a graduate student, plans to assess what happens to Missouri's public health students after they graduate to help address the problem of retention. This project should inform the baseline and measures for this objective which is developmental at this time due to the difficulty of capturing this information in a consistent manner.

Academic institutions are committed to working together to develop uniformed guidance for interns. Internship experiences target concentrations such as epidemiology, biostatistics, health policy, behavioral health, environmental health, biosecurity and maternal and child health. A consortium of all Masters of Public Health Programs (MPH) in Missouri was held in January to continue discussion of barriers to internships. In March, DHSS held a session for hosting intern so that applicable universities could share information on internship requirements to benefit DHSS, the universities and students. Information for the schools has been provided to DHSS programs that wish to host intern(s). A template to describe internship opportunities in a uniform manner is available. Also available is an Internship Opportunities page available at <http://www.mopha.org/internship-opportunities.php> to outline the various schools that have



MPH programs and requirements for their respective internships. Discussions continued at the Academic Partnership Breakfast at the Missouri Public Health Conference in September.

A pilot nursing student experience was developed as a result of a collaborative effort between DHSS, LPHAs and community partners as a component of the DHSS strategic objective to recruit, develop, and retain a highly skilled workforce to meet future needs. The goal is to provide the MU Sinclair School of Nursing community health nursing students with a diverse and engaging community health clinical experience, while decreasing the time demands on preceptors and staff. After a successful pilot, the Public Health Nursing Coordinator will submit a proposal to increase the number of nursing students hosted by DHSS utilizing the public health systems clinical experience model to increase the diversity of DHSS experiences offered to students each semester.

To increase exposure of high school students and undergraduates to public health careers, numerous outreach activities were conducted around the state by the Area Health Education Center (AHEC). From October 2015 through September 2016, 143 events that included public health career content were conducted. Nine events focused entirely on public health careers, substantially more than last year. Five events were conducted in collaboration with LPHAs. AHEC has increased their focus on coordinating with LPHAs when public health educational opportunities are presented. Public health is emphasized more in general career programs and in targeted efforts.

The first draft of a promotional packet for high school students is in process, expected to be ready for review and comment by early in 2017. The plan is to finalize this product for use in school programming in mid-2017.

#### Revisions:

The results of the MPHA graduate student assessment will facilitate a plan to keep more students working in Public Health in Missouri. A related strategy will be added at that time.



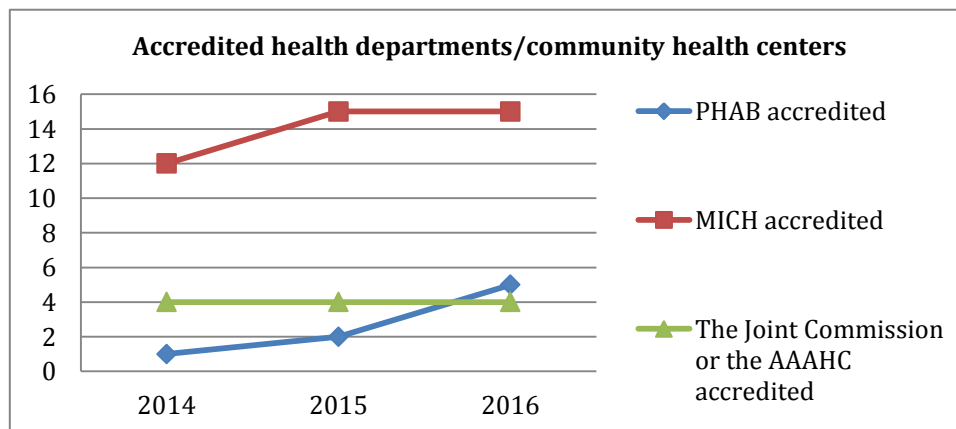
Issue 3, Goal 1: Missouri will have the necessary infrastructure for an effective public health system.

**Objective 3.3: By 2018, increase the number of Local Public Health Agencies and Community Health Centers that are accredited by 10.**

Recommended for inclusion in SHIP Year 4:

- |   |     |
|---|-----|
| 1. Conduct quarterly conference calls providing accreditation technical assistance to statewide PHAB Exchange | Yes |
| 2. Provide technical assistance to Local Public Health Agencies seeking accreditation                         | Yes |
| 3. Provide technical assistance to Community Health Centers seeking accreditation                             | Yes |
| 4. Secure funding to assist LPHAs in achieving accreditation  | Yes |

Performance Measure	Baseline and Year	Target and Year	Actual Measure 2016 plan year	Performance Measure Status
Public Health Accreditation Board (PHAB) accredited	1 (2014)	27 (2018)	5 (2016)	
Missouri Institute for Community Health (MICH) Accredited	12 (2014)		15 (2016)	
Accredited by The Joint Commission or the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC)	4 (2014)		4 (2016)	



The PHAB Exchange is a group of public health agencies in Missouri interested in achieving PHAB accreditation through technical assistance and sharing. It is led by the Center for Local Public Health Services (CLPHS) with assistance from the Office of Performance Management (OPM). During this plan year, the group completed its discussion of all PHAB accreditation domains with discussions on domains 4 and 12. Since there is little interest among the remaining LPHAs in PHAB accreditation due to cost and staff limits, the OPM and CLPHS solicited feedback from the group to plan for a new future focus. The group has decided to broaden efforts beyond



accreditation and provide a sharing platform for quality improvement and performance management skill building and some of the required accreditation elements, e.g. workforce development plans. Education efforts will begin in early 2017.

Clay County Public Health Center became nationally accredited in January 2016. DHSS was awarded national public health accreditation status on March 8, 2016 and national accreditation status was awarded on May 17, 2016 to Columbia/Boone County Department of Public Health and Human Services. The number of PHAB accredited agencies in Missouri is now at five.

The Missouri Institute for Community Health (MICH) is the accrediting body for Missouri's Voluntary Accreditation Program for LPHAs. The number of agencies accredited by MICH is at 15 for this reporting period, the same as last year. This program is on hiatus while standards and measures are retooled. The new program will be released in October 2017.

Currently, four FQHCs are accredited by The Joint Commission or the Accreditation Association for Ambulatory Health Care. No additional centers were accredited during this or the previous reporting period. The National Committee for Quality Assurance (NCQA) Patient-Centered Medical Home Recognition is the most widely-used way to transform primary care practices into medical homes and is, therefore, where more effort has been spent. See Objective 1.2.

#### Revisions:

The focus and the name of the *PHAB Exchange* group in strategy one will change to reflect provision of education to LPHAs on performance improvement needs rather than accreditation-specific needs. During the new plan year, the performance measure for the third strategy will be to provide five workshops on the new standards and infrastructure needs for MICH accreditation.



Issue 3, Goal 1: Missouri will have the necessary infrastructure for an effective public health system.				
<b>Objective 3.4: By 2016, adopt an evidence-based model for reviewing the effectiveness of public health system partnerships involved in SHIP implementation.</b>				Recommended for inclusion in SHIP Year 4:
1. Provide technical assistance on use of evidence-based model, PARTNER				Yes
2. Implement PARTNER model and measure effectiveness in a sample of public health system partnerships				Yes
3. Develop partnership evaluation report with opportunities for improvement identified				Yes
4. Share partnership success stories with public health system partners				Yes
Performance Measure	Baseline and Year	Target and Year	Actual Measure 2015 plan year	Performance Measure Status
Model(s) adopted for use in Missouri	0 (2014)	1 (2016)	In process	

The performance measure for this objective is the adoption of the evidence-based model and is based on completion of the related strategies. In plan year one, Missouri's Public Health Practice – Based Research Network (PBRN) reviewed partnership evaluation tools and obtained the input of several academic institutes. They recommended the Program to Analyze, Record, and Track Networks to Enhance Relationships (PARTNER), developed by the Robert Wood Johnson Foundation.

The Missouri Telehealth Network began plans this year to use the model. Pre-work has been completed and a plan developed to roll out the surveys, customized for each ECHO, in the fall.

Revisions:

No revisions were identified. The strategies will remain.





## Conclusions

At the end of the third year of SHIP implementation, there has been considerable progress in implementation of objectives and strategies since the plan was completed in September 2013. Many performance measures are moving in a positive direction while a few are still under development or have proven to be more difficult to implement.

Upon review of available data and progress to date,

- Completed strategies will be removed,
- Some strategies will be modified,
- New targets will be set where indicated,
- Changes will be made to a few measures where better data is now available,
- Some strategies are not yet implemented and will be kept in the plan.

Revisions to the SHIP and implementation plan for year four will be made based on this assessment. With the incorporation of many of these recommendations, Missouri's SHIP will continue to be highly relevant to the state.

### **Public Health System Partners Group**

#### External Stakeholders:

Area Health Education Center  
Columbia-Boone County Department of Public Health and Human Services  
Cover Missouri Coalition  
Healthcare Foundation of Greater Kansas City  
Health Literacy Missouri  
Lindenwood University School of Nursing  
Missouri Association of Area Agencies on Aging  
Missouri Association of Local Public Health Agencies  
Missouri Association of Osteopathic Physicians and Surgeons  
Missouri Coalition for Oral Health Access  
Missouri Council for Activity and Nutrition  
Missouri Department of Elementary and Secondary Education  
Missouri Department of Mental Health  
Missouri Department of Social Services,

MO HealthNet Division  
Missouri Development Disabilities Council  
Missouri Emergency Medical Services Association  
Missouri Family Health Council  
Missouri Foundation for Health  
Missouri Hospital Association  
Missouri Institute for Community Health (MICH)  
Missouri Primary Care Association  
Missouri State Medical Association  
Missouri State University Ozarks Public Health Institute  
Missouri Telehealth Network  
Primaris  
Prevention Research Center – St. Louis  
St. Louis University, College for Public Health and Social Justice  
Tobacco Free Missouri  
University of Missouri-Columbia, Public Health Program  
Washington University:  
Center for Community Health and Partnerships, Institute for Public Health; School of Medicine, Division of Public Health Sciences; and George Warren Brown School of Social Work and Public Health

#### Department of Health and Senior Services:

##### *Division of Administration*

##### *Division of Community and Public Health*

- Office of Emergency Coordination
- Center for Local Public Health Services
- Section for Community Health Services and Initiatives
- Section for Disease Prevention
- Section for Epidemiology for Public Health Practice
- Section for Healthy Families and Youth

##### *Division of Regulation and Licensure*

- Section for Long Term Care Regulation

##### *Division of Senior and Disability Services*

- Bureau of Senior Programs

##### *Office of the Director*

- Office of Human Resources
- Office of Performance Management
- Office of Primary Care and Rural Health
- Office of Public Information
- Office on Women's Health
- State Public Health Laboratory